

**WESTERN STATES INFORMATION NETWORK (WSIN)  
CERTIFICATION OF COMPLIANCE**

This is to certify that I, the Executive Director (*or designee*) for WSIN, have conferred with the applicant

in the design and implementation of this computer system and that it is compatible with the personal computer specifications of the Statewide Integrated Narcotics System.

I further certify that this project is in compliance with the applicable standards for automated criminal intelligence systems as contained in *28 CFR Part 23* (2003).

_____ Executive Director, WSIN	_____ Date
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Agency Implementing the System \_\_\_\_\_

Designated Contact Person	_____	_____
	(Name)	(Phone Number)

Project Location \_\_\_\_\_

**(Applicable to certain federal funds only)**